

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

3317  
1354

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <b>MARICOPA</b>	B. LENGTH OF STAY IN THIS TOWN <b>15 DAYS</b>		IN ARIZONA <b>8 YRS.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>ARIZONA</b>	B. COUNTY <b>MARICOPA</b>		
	C. CITY OR TOWN <b>PHOENIX</b>	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>GILA BEND</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>GOOD SAMARITAN HOSP.</b>				D. STREET ADDRESS <b>UNKNOWN</b>				
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>MAURICIO</b>		B. (MIDDLE) <b>CANTU</b>		C. (LAST) <b>CANTU</b>		4. SEX <b>MALE</b>	5. COLOR OR RACE <b>WHITE</b>	
6B. NAME OF SPOUSE <b>JULIA CANTU</b>		7. DATE OF BIRTH MONTH DAY YEAR <b>ABOUT 1889</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>65</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>LABORER</b>		
9B. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>MEXICO</b>		11. CITIZEN OF WHAT COUNTRY? <b>UNKNOWN</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>NO</b>		
14A. FATHER'S NAME <b>UNKNOWN</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>UNKNOWN</b>		15A. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>UNKNOWN</b>		
16. INFORMANT'S SIGNATURE <b>LUPE CANTU</b>				ADDRESS <b>GILA BEND, ARIZONA</b>				
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>JUNE 25, 1954</b>								
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>CEREBRAL THROMBOSIS</b> <b>GENERALIZED ARTERIOSCLEROSIS</b> <b>AND</b> <b>ARTERIO-SCLEROTIC HT DIS.</b> DUE TO (B) <b>DI</b> DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>CEREBRAL THROMBOSIS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>48 HRS</b> <b>YES</b>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>6-12-54</b> , TO <b>6-25-54</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>6-25-54</b> , AND THAT DEATH OCCURRED AT <b>7:55 p.m.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE <b>Chelly Luep</b>		(DEGREE OR TITLE) <b>MD</b>		22B. ADDRESS <b>PHOENIX, ARIZONA</b>		22C. DATE SIGNED <b>JUNE 26, 1954</b>	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>JUNE 28, 1954</b>		25C. NAME OF CEMETERY OR CREMATORY <b>GILA BEND</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>GILA BEND, ARIZONA</b>	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <b>6/26/54</b>		26B. REGISTRAR'S SIGNATURE <b>Bernard Johnston</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>A. Lee Moore</b>		27B. ADDRESS <b>A. L. MOORE &amp; SONS PHOENIX, ARIZONA</b>	